

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

09/936150

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5	1					
6		1				
7		2				
8	1					
9		1				
10		2				
11		1				
12	1					
13		1				
14		2				
15		1				
16		1				
17		1				
18	1					
19		1				
20		2				
21		1				
22		1				
23		1				
24	1					
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50						
TOTAL IND.	6					
TOTAL DEP.	29	↓	↓	↓		
TOTAL CLAIMS	35					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓	↓	↓		
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS						